

## APPLICATION FOR CERTIFIED DEATH CERTIFICATE

(Please Print)

Full name at Death \_\_\_\_\_

Date of Death \_\_\_\_\_ Town of Death \_\_\_\_\_

Relationship to the Deceased \_\_\_\_\_

### INFORMATION OF PERSON MAKING THIS APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### TO EXPEDITE YOUR REQUEST PLEASE INCLUDE:

Certified check or money order made payable to: Meriden City Clerk  
Please include a stamped self-addressed envelope

**Fee: \$20.00 per copy**

Number of Copies Requested \_\_\_\_\_

**Mail To:** Irene G Massé City Clerk  
142 East Main St., Room 124  
Meriden, CT 06450